MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

APPLICANT(S)

CLAIMS

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CLAIMS	Ч	Manager 20	9	EXTREMA	<u> </u>	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631

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FORM PTO-1360 (REV. 3-78)